PTO/SB/22 (04-07)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket Number (Optional)	
FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)	005222.00131	
Application Number 09/910,159	Filed 07/20/2001	
For Rule-based on-line product selection		
Art Unit 3627	Examiner Fischetti	, Joseph A.
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<u>Fee</u>	Small Entity Fee	
One month (37 CFR 1.17(a)(1)) \$120	\$60	\$ <u>120</u>
Two months (37 CFR 1.17(a)(2)) \$450	\$225	s
Three months (37 CFR 1.17(a)(3)) \$1020	\$510	s
Four months (37 CFR 1.17(a)(4)) \$1590	\$795	s
Five months (37 CFR 1.17(a)(5)) \$2160	\$1080	s
Applicant claims small entity status. See 37 CFR 1.27.		
A check in the amount of the fee is enclosed.		
Payment by credit card. Form PTO-2038 is attached.		
The Director has already been authorized to charge fees in this application to a Deposit Account.		
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number19_0733 I have enclosed a duplicate copy of this sheet.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the applicant/inventor.		
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).		
x attorney or agent of record. Registration Number _44,344		
attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34		
Hemed F. Amolik	4/24/2007	
Signature Date		
Kenneth F. Smolik	(312) 463-5000	
Typed or printed name	Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
Total of forms are submitted.  iis collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to fife (and by the		

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to process) an application. Confidentiality is governed by \$3 U.S. C. 12 and \$7 CFR 1.11 and 1.14. This collection is estimated to take for immiss to complete, including gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the sourcur of time you require to complete in first mand/or suggestions for reducing this busters, should be sent to the Chief Information Officer, U.S. Patert and Trademark Office. U.S. Department of Commerce, P.O. Ser. 1460, Alexandris, V.A. 2231-1450, DO NOT SEND FEES OR COMPLETED FORMSTO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandris, V.A. 2231-1450, DO NOT SEND FEES OR COMPLETED FORMSTO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandris, V.A. 2231-1450, DO NOT SEND FEES OR COMPLETED FORMSTO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandris, V.A. 2231-1450, DO NOT SEND FEES OR COMPLETED FORMSTO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandris, V.A. 2231-1450, DO NOT SEND FEES OR COMPLETED FORMSTO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandris, V.A. 2231-1450, DO NOT SEND FEES OR COMPLETED FORMSTO THIS THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandris, V.A. 2231-1450, DO NOT SEND FEES OR COMPLETED FORMSTO THIS THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandris, V.A. 2231-1450, DO NOT SEND FEES OR COMPLETED FORMSTO THIS THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandris, V.A. 2231-1450, DO NOT SEND FEES OR COMPLETED FORMSTO THIS THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandris, V.A. 2231-1450, DO NOT SEND FEES OR COMPLETED FORMSTO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450,